716

WI SCONSIN VETERANS HOME #422

Number of Residents on 12/31/01:

MAC ARTHUR HALL

KI NG 54946 Phone: (715) 258-5586 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 721 Total Licensed Bed Capacity (12/31/01): 721

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: ************************

State

No

No

Yes

705

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	17. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 3
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	10. 6	More Than 4 Years	46. 6
Day Services	No	Mental Illness (Org./Psy)	29. 9	65 - 74	23. 0		
Respite Care	No	Mental Illness (Other)	10. 3	75 - 84	45. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	18. 7	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 3	95 & 0ver	1. 7	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.8	İ	Nursing Staff per 100 Re		
Home Delivered Meals	No	Fractures	0. 6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	19. 8	65 & 0ver	89. 4		
Transportati on	No	Cerebrovascul ar	7.4			RNs	9. 6
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	6. 6
Other Services	No	Respi ratory	5. 7		'	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 3	Male	81.0	Aides, & Orderlies	37. 7
Mentally Ill	No	İ		Femal e	19. 0		
Provide Day Programming for			100. 0				
Developmentally Disabled	No				100.0		
***********	****	' ************	*****	' *******	*****	*********	******

Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)		-	0ther				Pri vate Pay			Family Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	0. 2	169	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	0. 1
Skilled Care	0	0.0	0	415	69. 4	146	0	0.0	0	72	61.0	184	0	0.0	0	0	0.0	0	487	68. 0
Intermedi ate				166	27.8	122	0	0.0	0	34	28. 8	151	0	0.0	0	0	0.0	0	200	27.9
Limited Care				16	2.7	107	0	0.0	0	9	7. 6	128	0	0.0	0	0	0.0	0	25	3. 5
Personal Care				0	0.0	0	0	0.0	0	3	2. 5	100	0	0.0	0	0	0.0	0	3	0.4
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		598	100. 0		0	0.0		118	100. 0		0	0.0		0	0.0		716	100. 0

7.4

1. 12

7. 3 1. 14

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Admi ssi ons, Di scharges, and	. ******	Percent Distribution	of Residents'	Condi ti o	ıs, Services, a	and Activities as of 12	/31/01
Deaths During Reporting Period						т	
D			0/		leedi ng	0/ JE 4 11	Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	44. 3	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	23. 5		56. 3	20. 3	716
Other Nursing Homes	39. 2	Dressi ng	52. 0		37. 8	10. 2	716
Acute Care Hospitals	1. 9	Transferri ng	70. 7		20. 5	8. 8	716
Psych. HospMR/DD Facilities	2. 5	Toilet Use	62. 7		25. 6	11. 7	716
Reĥabilitation Hospitals	0.0	Eati ng	86. 0		10.6	3. 4	716
Other Locations	12.0	***************	******	******	**********	**********	******
Total Number of Admissions	158	Conti nence		% 5	pecial Treatme	ents	%
Percent Discharges To:	,	Indwelling Or Externa	ıl Catheter	5. 6	Receiving Res	pi ratory Care	12. 2
Private Home/No Home Health	6. 3	Occ/Freq. Incontinent	of Bladder	20. 1	Receiving Tra	cheostomy Care	0. 1
Private Home/With Home Health	2. 5	Occ/Freq. Incontinent	of Bowel	16. 5	Receiving Suc	ti oni ng	0. 3
Other Nursing Homes	5. 7	<u>-</u>			Receiving Ost	omy Care	1. 3
Acute Care Hospitals	1. 3	Mobility			Recei vi ng Tub	e Feeding	0. 7
Psych. HospMR/DD Facilities	1. 9	Physically Restrained	l	5. 3	Receiving Mec	chanically Altered Diets	s 34. 4
Rehabilitation Hospitals	0.0	i j			0	J	
Other Locations	0. 6	Skin Care		(ther Resident	Characteri sti cs	
Deaths	81. 8	With Pressure Sores		1.8	Have Advance	Di recti ves	92. 5
Total Number of Discharges		With Rashes			Medi cati ons		
(Including Deaths)	159				Receiving Psy	choactive Drugs	57. 3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Government 200+ Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.8 84. 8 1. 15 87.6 1. 12 85.8 1. 14 84. 6 1. 16 Current Residents from In-County 8. 1 58.7 0. 14 48. 5 0.17 69. 4 0. 12 77. 0 0.11 Admissions from In-County, Still Residing 8.9 27.8 0.32 24. 3 0.37 23. 1 0.38 20.8 0.43 22.4 Admissions/Average Daily Census 58. 7 0.38 57. 7 0.39 105. 6 0.21 128. 9 0.17 Discharges/Average Daily Census 22.6 61.8 0.37 59. 8 0.38 105. 9 0.21 130. 0 0.17 Discharges To Private Residence/Average Daily Census 2. 0 18. 7 0.11 18. 7 0.11 38. 5 0.05 52.8 0.04 Residents Receiving Skilled Care 68. 2 84.8 0.80 82. 7 0.82 89. 9 0.76 85. 3 0.80 Residents Aged 65 and Older 89. 4 87. 6 1.02 89. 9 0.99 93. 3 0.96 87. 5 1.02 Title 19 (Medicaid) Funded Residents 83. 5 79.8 1.05 79. 2 1.05 69.9 1. 19 68. 7 1. 22 Private Pay Funded Residents 16. 3 1.00 22.2 22. 0 16. 5 1.01 16. 5 0.74 0.75 Developmentally Disabled Residents 0.0 0.8 0.00 0.5 0.00 0.8 7. 6 0.00 0.00 Mentally Ill Residents 40. 2 50.0 0.80 39. 8 1. 01 38. 5 1.05 33. 8 1. 19 General Medical Service Residents 24. 3 17.8 1.36 21. 5 1. 13 21. 2 1. 14 19.4 1.25 49.3 Impaired ADL (Mean) 26. 0 43.4 0.60 40. 7 0.64 46. 4 0.56 0.53 Psychological Problems 57. 3 61.6 0.93 **58.** 0 0.99 52.6 1.09 51. 9 1. 10

8. 4

0.99

8. 5

0. 98

8. 4

Nursing Care Required (Mean)